

CLAIMS ONLY							Application Number 101769534		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1											
2											
3											
4	1										
5		1									
6		1									
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19	1										
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48											
49											
50											
Total							Total				
Indep	2						Indep				
Total							Total				
Depend	7						Depend				
Total							Total				
Claims	9						Claims				